

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Received	
<input type="checkbox"/> Change of Address	241 SPLIT RAIL SAN MARCOS TX 78666			City Clerk OCT 29 2018	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	City of San Marcos	
	(512)	557-3177		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
		GARCIA		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	241 SPLIT RAIL SAN MARCOS TX 78666				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(956)	532-9365			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year    9 / 28 / 2018    THROUGH    10 / 27 / 18				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	11 / 6 / 2018		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
			CITY COUNCIL, PLACE 5		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

JOCA MARQUEZ

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

☐

PECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ —

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,035

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,072<sup>45</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

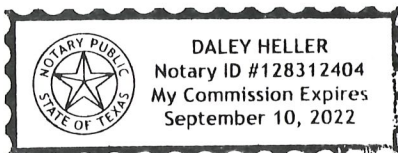
\$ 962<sup>55</sup>

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ —

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Jocabel Marquez*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said JOCABEL MARQUEZ, this the 29<sup>th</sup> day of OCTOBER, 20 18, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

DALEY HELLER

Printed name of officer administering oath

PASSPORT ADMINISTRATOR

Title of officer administering oath

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,835
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,072.5
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

10/14/18

RAMIKA ADAMS

\$ 100

6 Contributor address;

City; State; Zip Code

2106 STONEHAVEN SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

REALTOR

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10/14/18

LAMAR HANKINS

\$ 100

Contributor address;

City; State; Zip Code

POB 665 SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

RETIRED

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10/14/18

SHANNON FITZPATRICK

\$ 25

Contributor address;

City; State; Zip Code

POB 832 SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

LAWYER

TXST

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

10/14/18

SARAH WREN

\$ 25

Contributor address;

City; State; Zip Code

1001 PERKINS SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

—

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOCA MARQUEZ

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/18

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

GLORIA SALAZAR

7 Amount of contribution (\$)

\$40

6 Contributor address;

City; State; Zip Code

237 MARY MAX, SAN MARCOS, TX 78666

8 Principal occupation / Job title (See Instructions)

PROGRAM DIRECTOR

9 Employer (See Instructions)

CENTRO CULTURAL HISPANO

Date

10/17/18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

MELISSA MARTINEZ

Amount of contribution (\$)

\$40

Contributor address;

City; State; Zip Code

321 CELERY LN AUSTIN, TX 78748

Principal occupation / Job title (See Instructions)

ASSOC. PROF

Employer (See Instructions)

TXST

Date

10/17/18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

ASAEL MARQUEZ

Amount of contribution (\$)

\$60

Contributor address;

City; State; Zip Code

241 SPLIT RAIL SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

GRADSTUDENT

Employer (See Instructions)

TXST

Date

10/17/18

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DR. ANA JUAREZ

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

3402 NEWBERRY TRL TX 78666

Principal occupation / Job title (See Instructions)

FULL PROF.

Employer (See Instructions)

TXST

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

LOCA MARQUEZ

3 Filer ID (Ethics Commission Filers)

4 Date

10/14/18

5 Full name of contributor

ED HANSERD

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$ 40

6 Contributor address;

City; State; Zip Code

11250 TAYLOR DRAPER AUSTIN TX 78759

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/14/2018

Full name of contributor

JOANNE SALAS HERNANDEZ

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 40

Contributor address;

City; State; Zip Code

115 TURKEY HOLLOW CIR, SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2018

Full name of contributor

KATE SHAW

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 20

Contributor address;

City; State; Zip Code

1238 W. MLK SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/18

Full name of contributor

JORDAN BUCKLEY

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$ 78

Contributor address;

City; State; Zip Code

216 WILSON SAN MARCOS TX 78666

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

CONSULTANT

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

JOCABED MARQUEZ

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/18

5 Full name of contributor

GLORIA DE LEON

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

861 ARROYO RANCH RD. KYLE 78640

8 Principal occupation / Job title (See Instructions)

NON-PROFIT DIRECTOR

9 Employer (See Instructions)

NATL HISPANIC INSTITUTE

Date

10/16/18

Full name of contributor

JULY MORENO

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$75

Contributor address;

City; State; Zip Code

217 WILSON SAN MARCOS 78666 TX

Principal occupation / Job title (See Instructions)

DIRECTOR

Employer (See Instructions)

MERMAID SOCIETY

Date

10/11/18

Full name of contributor

SCOTT COVE

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

301 SALTILLO SAN MARCOS, TX 78666

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

UNKNOWN

Date

10/17/18

Full name of contributor

DEMOCRACY FOR AMERICA

☒ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

P.O. Box 1717 BURLINGTON VT 05402

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Jocabel Marquez, PhD

3 Filer ID (Ethics Commission Filers)

4 Date

10/16/2018

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Samuel Garcia Jr.

6 Contributor address;

City; State; Zip Code

241 Split Rail Dr. San Marcos, TX 78666

7 Amount of contribution (\$)

\$315

8 Principal occupation / Job title (See Instructions)

Professor of Practice

9 Employer (See Instructions)

Texas State University

Date

10/14/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Rev. Karl Brown

Contributor address;

City; State; Zip Code

834 W. Hopkins San Marcos, TX 78666

Amount of contribution (\$)

\$70

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/11/2018

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Irma Garcia, Mother-in-law

Contributor address;

City; State; Zip Code

423 N. Vermont Ave. Mercedes, TX 78570

Amount of contribution (\$)

\$107

Principal occupation / Job title (See Instructions)

Sales/Freelancer Dillards

Employer (See Instructions)

Dillards

Date

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME JOCA MARQUEZ		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 200	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: REV. KARL & KAREN BROWN 7 Contributor address; City; State; Zip Code 834 W. HOPKINS ST SAN MARCOS, TX 78666	8 Amount of Contribution \$ \$200	9 In-kind contribution description FOOD & DRINK FOR PARTY
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED PLEDGES

\$

5 Date

6 Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Pledge \$

9 In-kind contribution description

7 Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor ☐ out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Pledge \$

In-kind contribution description

Pledgor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME JOCA MARQUEZ		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 10/28/18		<b>5</b> Payee name ENOCH RIOS			
<b>6</b> Amount (\$) \$100		<b>7</b> Payee address; City; State; Zip Code 153 COERS SAN MARCOS, TX 78666			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JOCA MARQUEZ - CITY COUNCIL		Office sought Office held	
Date 10/28/18		Payee name JORDAN BUCKLEY			
Amount (\$) \$100		Payee address; City; State; Zip Code 216 WILSON SMTX 78666			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/28/18		Payee name CHRISTOPHER PAUL CARDOZA			
Amount (\$) \$100		Payee address; City; State; Zip Code SAN MARCOS, TX 78666			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) CONTRACT LAB-OR		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME JOCABED MARQUEZ		<b>3</b> Filer ID (Ethics Commission Filers) N/A	
<b>4</b> Date		<b>5</b> Payee name HERWECK'S			
<b>6</b> Amount (\$) 76.64		<b>7</b> Payee address; City; State; Zip Code 300 BROADWAY SAN ANTO 78205			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a)</b> Category (See Categories listed at the top of this schedule) PAINTING EXPENSE		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name <del>JOCA MARQUEZ</del> JOCA MARQUEZ - CITY COUNCIL			
Date 10/22/18		Payee name STICKER MULE			
Amount (\$) 298.50		Payee address; City; State; Zip Code STICKERMULE.COM			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JOCA MARQUEZ - CITY COUNCIL			
Date 10/17/18		Payee name ROGELIO'S			
Amount (\$) 194.35		Payee address; City; State; Zip Code 625 S. LBJ DR. SAN MARCOS, TX 78666			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) FOOD		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name JOCA MARQUEZ - CITY COUNCIL			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender  
a financial  
Institution?

Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political  
account (See Instructions)

☐

16 GUARANTOR  
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#: \_\_\_\_\_ )

Loan Amount (\$)

Is lender  
a financial  
Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political  
account (See Instructions)

☐

GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME JOCA MARQUEZ		3 Filer ID (Ethics Commission Filers)	
4 Date 10/1/2018		5 Payee name STICKERMULE			
6 Amount (\$) 181		7 Payee address; City; State; Zip Code STICKERMULE.ORG			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/22/18		Payee name INDUSTRY			
Amount (\$) 2146		Payee address; City; State; Zip Code 110 E. MLK DR. STE 126 SAN MARCOS, TX 78666			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) FOOD		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED